319 358 4330 NCS PEARSON STATE ASSESS 13:42 **/**0-01-2007 FORM IA ETHROSEA FORM FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE DISCLOSURE SUMMARY PAGE AMPAIGN DISCLUSURE BU DR-2 REPORT (Rev. 12/2005) COMMITTEE NAME (Must be same as on Statement of Organization) 2007 NOV - 1 PM 3: 02 For Office Use Only Comm. # ___ tizens for Mitch Gross Logged in __ Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retantion Candidate (2) State PAC (3) State Party Scanned _ (4) County Central Committee (5) County Candidate (8) City Candidate (7) School Board or Other Political Subdivision Candidate (3) County PAC (9) City PAC (10) School Board or Other Political Computer ... Audiled . Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Political Party (if applicable) lows Ethics and Campaign Candidate Name Disclosure Board Mitch 510 E. 12ⁱⁿ, Ste. 1A District (If Senate or House) Des Moines, Iowa 50319 Fax: 515-281-3701 Coralville City Council Late reports are subject to possible civil and criminal penalties. Pursuant to lowe Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports SIGNATURE OF PERSON FILING REPORT REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. November Indicate by # AM FILING A Local Committees, unler Date of Election CHECK IF AMENDMENT TO REPORT DATED County & Local Committees, onler County In Check If this is final (termination) report and attach Notice of Dissolution Form DR-3 which Election is held (You must continue to file reports until a DR-3 is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only) 4335.00 SUB-TOTAL\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...... Schedule F: Loan Repayments total (Attach Schedule F)... CASH ON HAND at the end of this reporting period (if final report balance must **UNPAID BILLS (From Schedule D - Attach Schedule D)\$ TOUTSTANDING LOANS (From Schedule F - Attach Schedule F) CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE	NAME (Must be	same as on	Statement of	Organization

COMMITTEE NAME (Music	pe sama a	as on Statem	ent of Organization
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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC GHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
7/31/07	CK#	Sally Stutzman Riverside IA 52327		\$ 25.00	
7/31/07	ID#	unitemized contribution		25.00	
5 20 07	CK#	Benitz Foy 309 NEW Scasons Dr Ankeny 1A 50023	aunt	(00 - 00	
6/1/07	ID#	Paul Burns 425 Beldon Are lown Gity		(00.00	
6/1/07	10# CK#	Joan Burns 425 Beldon Ave lown City. 1A		100.00	
6/1/07	CK#	Rod sullivan 1733 Wilson H lown City la		100.00	
6/3/07	ID#	3051 Wayne A: lova City A 521		20.00	
6/4/07	CK#	Danise Tiffany lown City 14 52240		25.00	
6/5/07	CK#	Dova Dovando Liston, LA		20,00	
	ID#				
			SUB-TOTAL	515 m	l

TOTAL (If last page of this schedule)

(for Schedule A

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by mardage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be	same as o	on Statement of	Organization)
Citizens			

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 688.32A(6), prohibite the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
7/31/07	ID# CK#	Vick Siefers 15 Brown Deer Knoll Communic LASZY		50.00	
7/31/07	CK#	Patricia Fields PoBox 680 lowacity 1x 52244		25.00	<u></u>
7/31/07	ID#	PoBox 680 lowa City 1 x 52244 molly Abraham 5 olde Hictory Rd Cornhille Lt 52241		50.00	V
7/31/07	CK#	Ann Rice 485 Avburn Huls Dr Cosalville 1x 52241		25.00	
7/31/07	CK#	Mel Stahmer 726 11 AR Coralville A 52241		50.00	V
7/31/07	ID#	Arleigh Clemens 1450 High Country Pd Coralulle 185224		50.00	~
7/31/07	ID#	Tyler olson 395 Memorial Dr St cedar Pradula.		50.00	
7/31/07	ID#	Shannon Cloud 10475 Deerfeld Olathers 66061	moter-in-	100.00	\ \
7/31/07	CK#	John Lundell 403 Holiday Rd Combille 1852241		50.00	V
7/31/07	CK#	Donna Arman 1900 12th Ave Comple 1452241		25.00	V
		TOTAL (II last page	SUB-TOTAL of this schedule)	s 475.00	

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 7 (for Schedule A)

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For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAM	1E (Must be same	as on Statement of Organizatio	n)
(iti-	zens for	Mitch Gross	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRÉSS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
7/31/07	CK#	Romaine Forge Po Box 128 Montverson 1A 52314		\$ 25.∞	
7/31/07	ID#	James Ruebrush 2724 Oakmont Ct Cocalville 1452241		20.00	V
7/31/07	1D#	slizabeth Hooley 1914 Liberty Ct Cornhille la 52241		50.00	V
7/31/07	ID#	Gerald Szczech 2807 Broken Woods Dr Cornhillela 52241		25.00	<u></u>
7/31/07	ID#	Gary Levitz 14 Chary Lanc NE lonality 14 52240		50.00	~
7/31/07	1D#	Matthew Simonson 2325 Belmont Dr. Combile 1452241		50,00	\
7/31/07	ID#	Linda tisher 303 7125+ Cornhillo 14 52241		25.00	V
7/31/07	ID#	Many Pantner 40 Koser Ave lowality la 52246		25.00	~
7/31/07	ID#	Thomas Larkin 1401 13th st Cornlville 1A 52241		25.00	V
7/31/07	ID#	Mel Stahmer 720 11 Ave Cornville 1 52241		25.00	[V
			SUB-TOTAL	. 320.00	

TOTAL (If last page of this schedule)

(for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE MONETARY Α (Rev. 07/03) RECEIPTS

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COMMITTEE NAME (Must be same as on Statement of Organization)

Mitch G1055

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
8-28-07	CK#	Sara Throener 1328 400 st DesMoines 1A 50311		\$ 50,00	
8-29-07	15# 9680 CK# 5100	Cedar Rapids Building Trades Council CRIC Building Trades Pac 5000 J 5+ 5ND Cedar Rapids IA 52404		250.00	
9.1.07	ID#	1917 Grasion Dr lowacity, 14 52216		25.00	
9.8.07	TD# CK#	carilyn Prymet (626-2713) 3191 120 Aire Coralville 17 52241		25.00	
9.11.07	1D# CK#	David Leshtz Box 1945 lown Gity, 14 52244		20,00	
9.12.07	ID#	Nate Whithey Both Why Caralinhe La 522W)		144.00	
9.3.27	ID# CK#	Christine Tanes Walters 1033 E. Washington St 10000 City In 52240 Sie Doorsty		25.00	
9.3.07	CK#	Sie worsky 412 borst Coalville 1452241		00,00	
9.3.07	CK#	Duncan Stevert 1327 Oakorest Are Lowa City. In 524		25.00	
	ID#				
			SUB-TOTAL	\$ 404.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of concangularly (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column

TOTAL (if last page of this schedule)

(for Schedule A)

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For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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OMMITTEE NAME (Must be s	same as on Statemer	nt of Organization)
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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DATE RECEIVED (MM/DO/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1.23.07	ID# CK#	2075 Dempster Coralville 14 52241		s 144.00	
10.16.07	CK#	Allan Poots 10 Olde Hickory ridge coralvillela 5224		100.00	
10.20.07	ID#	Tas Anthony 3 to words lown (ity 1 52240		100.00	
10.21.07	CK#	Mike Margolin 1900- Hafor Dr lown City 1A 52246		75.00	
1.23.07	ID#	Jean Perri		75.00	
10.21.07	CK#	Jaion Wittgaf 4200 Aspen West Des Moines IA 50265		50.00	
10.22.07	ID#	Chris Rohret 2305 Banbury St lown City 1A 52240		25.00	
10.22.07	CK#	Sejal Ashby 1345 Worlribe Dr Combilly 1A 52241		25.00	
10.25.07	CK#	Joye Walker 1241 Eather Gt lown (17) 1A 52240		25,00	
10.25.0	CK#	15mg Diveo 3670 Doneyal Ct lown City A 52240		25.00	
			SUB-TOTAL	s 644.00	

TOTAL (If last page of this schedule)

5 (for Schedule A)

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Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

SCHEDULE

A MONETARY
(Rev. 07/03) RECEIPTS

(Including candidate's personal funds)

COMMITTEE NAME (Mus	i be sam	e as on State	ment of Organization)
Citizens			
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAG IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAMÉ AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	VIFFOR FUND- RAISER INCOME
9-18-57	ID#	Carolyn Brown 1434 Brand ALL lova City 1A 52246		\$ 250.00	
9-19-07	ID#	412 65 6+ Caralville 14 52241		44.00	
9.20.07	CK#	Tom Winkler 1473 Valley View Dr Coralville 1 A52241	:	25.00	
9.21.07	CK#	Tom Boldridge 915 Onferest St #16 lova Cipler 524		25.00	
9.22.07	1D#	Robertz Till-Retz 600 Manor Dr lown City 1 A 52246		25.00	
9.26.07	ID# 6294 CK# 1186	Tour City Corporates the 705 5 Chinton St Jown City 1A 52240		500.00	
9.30.07	CK# 16513	900 70 St NN Washington DC 20001		500,00	
10-22-67	CK#	Brady Shutt 4 tewoods NE Jownsity 1 A 52240		144.00	
11.25.07	CK#	Scott Harrington 1312 Loomis Ave Des Mares lA 50315		144.00	
0.27.07	ID#	Ton carsner 1427 College CourtPl Township 1 A 52245		25.00	
		TOTAL (If last page of	SUB-TOTAL	s 1 682.00	

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Page 6 of 7 (for Schedule A)

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SCHEDULE	
A	MONETARY
(Rev. 07/03)	RECEIPTS

CHECK THIS BOX IF AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must	be same as on State	ment of Organization)
Citizens f	for Mitch	G1045
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DMMITTEE) LIST THE PAC IDENTIFICATION

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN: THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	VIFFOR FUND- RAISER INCOME
10.17.07	ID#	Jerry Argan bright 39 Galway Dr lowa City la 52246 Alisa Meggitt 3083 New port Ne Irwa City la 52240		\$25,00	
10.18.07	ID#	Alisa Megaitt 3083 Newport Ne Irmacin la 52240		10.00	
	CK#				
	CK#				
	ID#			, , , , , , , , , , , , , , , , , , , ,	
	ID#				
	CK#				
	CK#		- ,		
	ID#				
	10#				
	CK#		SUB-TOTAL	26.40	

TOTAL (if last page of this schedule)

Page _____or____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE В (Rev. 07/03)

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF 10 NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

61.	tizens f	er Mitch Gross		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/1/07	ID#	Hills Bank Trust 1002 25 st Coralville 14 5241	for checking account	\$ 41.50
6/29/07	ID#	Hills Bank + Trust 1002 29 St Coralville 14 52241	banking service change	5.87
7/31/07	CK#	Hills Bunk + Trest 1002 20 st (oral ville In 52241	banking service	5.59
8.17.07	CK#	1602 22 4 corabile (1524)	banky service	5.53
9-14-07	CK#	10022 st cordule lossely	bon kn curice	4.33
0.25.01	ID# CK# [00]	Cherchannel N. Droyre long GD 14 52240	thic)	486.00
10.24.07	ID# CK# 002	John Deed 313 W Bankon St Jama (1) 5224	voter database	571,000
	ID#	Medical Grain	reimburgement for	

TOTAL (if last page of this schedule)

	\$	1509	.89
1	8		

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

1130 Azhlynd ct Coalville 157241

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule C instructions and lows Code 68A.402(3)(i).)

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FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE			
В	MONETARY		
(Rev. 07/03)	EXPENDITURES		
CHECK THIS BOX IF AMENDING FORM			

or MITAL Gross NAME AND ADDRESS TO WHOM PURPOSE AMOUNT CANDIDATE (DESCRIBE TRANSACTION) EXPENDED ID NUMBER EXPENDITURE DATE **EXPENDED** (if applicable) (Disbursement) WAS MADE AND PAC (MM/DD/YR) CHECK NUMBER ID# Melanie Gruss ... Miniburshment for .26.0 Melanie Gross reimbursement for 1080 Az hlynd Grandialle la 52241 USPS pastage Strups s 771.68 CK# 1004 ID# 996.00 10.26-0 CK# 1005 ID# CK# ID# CK# ID# CK# 1D# CK# ID# CK# ID#

SUB-TOTAL \$ 1767.69
TOTAL (if last page of this schedule) \$ 3357.5

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

CK#

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3),(7,7)

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